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VIA FACSIMILE: 1-571-273-8300

Atty. Docket No. GEN10 P-454

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants	:	Joseph S. Stam et al.
Appln. No.	:	10/777,468
Examiner	:	Andrae S. Allison
Filing Date	:	February 12, 2004
Art Unit	:	2624
Confirmation No.	:	2265
For	:	AUTOMATIC VEHICLE EXTERIOR LIGHT CONTROL SYSTEMS

Mail Stop – After Final
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile to the United States Patent and Trademark Office on the date shown below:

1. Request For Reconsideration
2. Claims As Amended Form

YOU SHOULD RECEIVE A TOTAL OF 10 PAGES.

1/31/08
Date

Kresta L. DeZwaan
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Zeeland, Michigan 49464
Telephone: 616.772.1590 x4174
Facsimile: 616.772.5223

Attorney Docket No. GEN10 P-454

JAN 31 2008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Joseph S. Stam et al.
 Appln. No. : 10/777,468
 Examiner : Andrae S. Allison
 Filing Date : February 12, 2004
 Art Unit : 2624
 Confirmation No. : 2265
 For : AUTOMATIC VEHICLE EXTERIOR LIGHT
 CONTROL SYSTEMS

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 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Enclosed is a Request for Reconsideration in response to the Office Action dated December 10, 2007. The items checked below are appropriate:

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*10	Minus	**24	=00	x \$25	\$00	x \$50	\$00
Independent Claims	*03	Minus	**05	=00	x \$105	\$00	x \$210	\$00
First Presentation of Multiple Dependent Claims \$185						\$00	x \$370	\$00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$00		\$00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

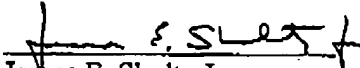
Attorney Docket No. GEN10 P-454

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☐ Small entity status of this application 37 CFR §§ 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. ☐ No additional fee is required.
3. ☐ A check in the amount of \$_____ is enclosed.
4. ☐ Please charge the fee \$120.00 for the Petition for a One Month Extension of Time to Deposit Account 07-1070.
5. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 07-1070. A duplicate of this sheet is attached.

Respectfully submitted,

Date: JANUARY 31, 2008


James E. Shultz Jr.
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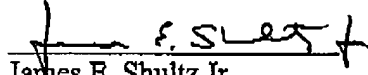
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SYSTEMS

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REQUEST FOR RECONSIDERATION

Sir:

In response to the Office Action dated December 10, 2007 the Applicant offers
the following response.